	Request
•	For
Contin	red Examination (BOE) E
	Transmittal /
F	2 8 2005

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/905,039
Filing Date	July 12, 2001
First Named Inventor	Gary A. Demos
Group Art Unit	2613
Examiner Name	Y. Young Lee
Attorney Docket Number	07314-013001

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on ii. Other
b. A Enclosed
i. ☑ Amendment/Reply iii. ☐ Information Disclosure Statement (IDS)
ii.
2. Miscellaneous a. Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(i) required) b. Other 3. Fee The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed. a.
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED
Name (Print/Type) Scott Q. Harris Registration No. (Attorney/Agent) 32,030
Signature Date March 22, 2005
CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.
Name (Print/Type) Roxanne Ippolito
Signature Il formoleto Date March 22, 2005

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 **CLAIMS AS FILED - PART I** SMALL ENTITY **OTHER THAN** (Column 1) (Column 2) TYPE [**SMALL ENTITY** OR **TOTAL CLAIMS RATE** FEE RATE FEE FOR NUMBER FILED NUMBER EXTRA **BASIC FEE** 370.00 BASIC FEE 740.00 OR TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X42 =X84= OR MULTIPLE DEPENDENT CLAIM PRESENT +140= +280= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN (Column 1) SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT AMENDMENT** AFTER RATE TIONAL RATE **PREVIOUSLY** TIONAL **EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus = X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-REMAINING NUMBER ADDI-**PRESENT AMENDMENT AFTER** RATE TIONAL **PREVIOUSLY** RATE TIONAL **EXTRA AMENDMENT** PAID FOR **FEE** FEE Total Minus X\$ 9= X\$18= OR Independent Minus X42 =X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING ADDI-ADDI-NUMBER PRESENT AMENDMENT **AFTER PREVIOUSLY** RATE TIONAL **EXTRA** RATE TIONAL **AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus *** X42 =X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.